

United States Bankruptcy Court
Eastern District of Virginia

In re **Timika Rochell Dickerson-Chambers**,
Debtor

Case No. **12-33240**

Chapter **7**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	5,080.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		4,559.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		7,110.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		33,327.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			2,272.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,947.00
Total Number of Sheets of ALL Schedules		18			
Total Assets			5,080.00		
Total Liabilities				44,996.00	

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STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	3,956.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	3,154.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	7,110.00

State the following:

Average Income (from Schedule I, Line 16)	2,272.00
Average Expenses (from Schedule J, Line 18)	1,947.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	3,451.33

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		959.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	7,110.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		33,327.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		34,286.00

B6F (Official Form 6F) (12/07)

In re **Timika Rochell Dickerson-Chambers**Case No. **12-33240**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx9381 Capio Partners Llc 2222 Texoma Pkwy Ste 150 Sherman, TX 75090		-	Opened 10/01/11 Medical				150.00
Account No. xxxxxx0281 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606		-	Opened 12/01/06 Medial				1,634.00
Account No. xxxxxx1916 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606		-	Opened 10/01/06 Medical				39.00
Account No. xxxxxx3586 Credit Control Corp 11821 Rock Landing Dr Newport News, VA 23606		-	Opened 9/01/06 Medical				25.00
Subtotal (Total of this page)							1,848.00

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Timika Rochell Dickerson-Chambers**

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Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx7143 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256	-	Opened 7/01/10 Utility				722.00
Account No. xxxxxxxxxxxx3042 Equidata Attn: Bankruptcy Po Box 6610 Newport News, VA 23606	-	Opened 4/01/07 Medical				113.00
Account No. xxxxxxxx7714 Focused Recovery Solutions 9701 Metropolitan Ct. Ste B Richmond, VA 23236-3690	-	2013 Medical				200.00
Account No. xxxxxx0799 Geico C/O Chaplin & Gonet 5211 W. Broad St., Ste 100 Richmond, VA 23230	-	2009 Judgment				3,500.00
Account No. xxx0160 Mary Washington Healthcare Phy PO Box 845 Fredericksburg, VA 22404	-	2013 medical				358.00
Sheet no. <u>1</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,893.00

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx0554 ODC Recovery Services PO Box 7667 Fredericksburg, VA 22404-7667	-	2013 medical				1,433.00
Account No. xxxxxx8801 Portfolio Rc Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541	-	Opened 4/01/10 Utility				281.00
Account No. 2275 Rapidan Medical Center P.O. Box 1276 Locust Grove, VA 22508	-	2012 Medical				157.00
Account No. xxx*xxxx1118 Sheridan Rad SVCS Of Virginia P.O. Box 452467 Fort Lauderdale, FL 33345	-	2011 Medical				42.00
Account No. xxxxxxxx08-00 Tidewater Finance Company 6520 Indian River Road Virginia Beach, VA 23464	-	11/09/10 Car Repossession Judgment Spotsylvania GDC				12,325.00
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 14,238.00

B6F (Official Form 6F) (12/07) - Cont.

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AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx3944 Tidewater Motor Credit 6520 Indian River Rd Virginia Beach, VA 23464	-	Opened 12/01/07 Last Active 6/15/10 Automobile				10,830.00
Account No. xxxxxx0251 United Consumers 14205 Telegraph Rd Woodbridge, VA 22192	-	Opened 3/01/09 Medical				56.00
Account No. xxxx906 United Consumers, Inc PO Box 4466 Woodbridge, VA 22194-4466	-	2013 unsecured				456.00
Account No. xxxxx1209 Vision Finance 4 West Red Oak Lan White Plains, NY 10604	-	2010 Gym Contract				1,006.00
Account No.						
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 12,348.00
(Report on Summary of Schedules)						Total 33,327.00

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**AMENDED
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date **8/22/2013**

Signature **/s/ Timika Rochell Dickerson-Chambers**

Timika Rochell Dickerson-Chambers

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571